

MDEQ SPECIAL WASTE PROFILE

1. Name of waste: _____
2. Name and address of generator: _____

3. Technical Contact: _____ 4. Phone: _____
5. Name and address of transporter: _____

6. Location of facility or site where waste was generated:

City County State
7. Describe how the special waste was generated: _____

8. The waste is a: ☐ solid ☐ semi-solid (sludge) ☐ liquid
If waste requires solidification, treatment, or other processing, please indicate where it is to be processed and attach a brief explanation of the processing activity:

☐ On-site of generation ☐ At disposal facility identified in number 10
☐ Other _____
9. Disposal of the waste will be:

☐ a single event, with an anticipated quantity of:
_____ ☐ yds³ or ☐ tons

☐ a periodic event, with an anticipated delivery rate of:
_____ ☐ yds³ or ☐ tons per _____
(day, wk, mo, yr.)
10. Name of disposal facility: _____
11. Please provide a description of the waste material, including a physical and chemical analysis of the waste characteristics. If waste is a semi-solid, include % solids and the results of paint filter liquids test in the analysis.
12. I certify that the above described waste is not a regulated hazardous waste under Subtitle C of the Federal Resource Conservation and Recovery Act or the Mississippi Hazardous Waste Management Regulations.

Signature

Title

Name (type or print)

Date